



Adopt-A-Park Program Application

Please complete this application form, if you are interested in participating and adopting a park, trail and/or open space in The **City of Woodburn**.

Return the completed form to:

**Woodburn Public Works Department
Adopt-A-Park Program
190 Garfield St.
Woodburn, OR 97071**

via email: PublicWorksFAQ@ci.woodburn.or.us
or fax: 503-982-5242



Contact Information:

First name: _____ Last name: _____

Address: _____ Phone Number: _____

Organization/Company: _____

Address: _____ Phone Number: _____

Cell phone: _____

City: _____ State: _____ Zip _____

Email address: _____

Emergency Contact Information

First name: _____ Last name: _____

Address: _____ Phone Number: _____

Cell phone: _____

City: _____ State: _____ Zip _____

Email address: _____



Name of Park, Trail or Open Space You Are Interested in Adopting:

(Please print the park, trail or open space you are interested in adopting)

Name to Appear on Sign

Please print a proposed recognition name for the park.
This will be how it will appear on the recognition sign.

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Agreement Section
VOLUNTEER
WAIVER, RELEASE, & ASSUMPTION OF RISK

Thank you for your willingness to volunteer for the City of Woodburn. The City of Woodburn (the "City") is committed to conducting its programs, services, and activities in a safe manner and holds the safety of City volunteers in high regard. However, volunteers and parents/guardians of minor volunteers must recognize that there is an inherent risk of injury when choosing to volunteer. You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled to perform the volunteer activities.

READ CAREFULLY BEFORE SIGNING

I recognize and acknowledge that there are certain risks of physical injury to volunteers providing and/or engaging in volunteer activities for the City, and I voluntarily agree to assume the full risk of any and all injuries, death, damages, or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said volunteer activities. I further agree to waive and release all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of or related to the volunteer activities, against the City, its officials, officers, employees, agents, and/or other volunteers, collectively or individually.

I further declare that I am aware of the activity contemplated and the hazards connected therewith; understand that I may be a passenger in vehicles operated by City employees; and understand that I will be a guest and not a passenger for hire or other consideration.

I further authorize the person in charge to secure any necessary emergency medical services in the event that such are necessary and I am unable to make conscious and competent decision as to my need thereof. I further agree to pay for such services and to save the City and its employees harmless therefrom.

I have read and fully understand the above waiver and release and shall be binding on my heirs, executors, successors and assigns.

Participant's Signature: _____
(Participant must be 18 years or older, **OR** Parent/Guardian signature is required.)

Participant's Address: _____

City: _____

State: _____

Zip Code: _____

Ph#: _____

Cell Ph #: _____

Date: _____

E-mail Address: _____

If the above applicant is a minor, as the parent/guardian, I agree to the above statement in its entirety. I further give my permission for this applicant to be considered as a candidate for a volunteer position with the city of Woodburn.

Parent/ Guardian Signature _____ **Date:** _____

Printed Name: _____